

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester
 City or town Pocomoke
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 27 years
 Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Worcester
 City or town Pocomoke
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. —
 (If rural, give LOCATION)

2. (a) If veteran, name war —

3. (a) FULL NAME

Henry S. Brimer

3. (b) Social Security Number

218-08-84874. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Mac H. Brimer6. (c) If alive, give age 63 years7. Birth date of deceased (mo., day, yr.) June 7, 18688. AGE: Years 79 Months 7 Days 28 If less than one day — hrs. — min. —9. Birthplace Pocomoke, Worcester Md.
(Town, county, and state)10. Usual occupation Carpenter11. Industry or business —12. Name William Brimer13. Birthplace Md.14. Maiden name unknown15. Birthplace —16. Informant Mrs Mae H. BrimerAddress Pocomoke Md.17. Burial Date thereof Feb 8, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Bethany M.E. ChurchLocation Pocomoke Md.18. Funeral director Henry H. H. H. H.Address Pocomoke Md.19. Feb 7, 48 Anne E. White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5, 1948 at 12:45 P.21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Feb 5 to Feb 5 1948 and that I last saw him alive on Feb 5 1948Immediate cause of death Myocarditis, Chronic DURATION 1 yearDue to —Due to —Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE — M. D. or other —Address — Date signed 2-7-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 351

1. PLACE OF DEATH:

County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 years
Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
6. (b) Name of husband or wife Ida H. Daisy 6. (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) March 4 - 1974
8. AGE: Years 73 Months 11 Days 12 hrs. min.

9. Birthplace Chincoteague Accomack Virginia
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Independent Bay

12. Name Cudon Daisy

13. Birthplace Virginia

14. Maiden name Unknown

15. Birthplace

16. Informant Mrs Ida H. Daisy

Address Bridgetown, Md

17. Burial Date thereof Feb 17/48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Baptist

Location Bridgetown, Md

18. Funeral director Elmer C. Dennis

Address Snow Hill, Md

19. 2/17/48 19 48 Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Bridgetown
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 16 19 48 at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 16, 19 48, to February 16, 19 48, and that I last saw him alive on Feb. 16 19 48

Immediate cause of death Coronary Thrombosis DURATION 1 day

Due to

Due to

Other conditions Carbon Monoxide Poisoning 1 day
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Accident Date of 2/16/48

Where did injury occur? On board Chincoteague Bay
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Industry

Means of injury Defective exhaust of power boat Injured at work 4/6/48 (15)

23. SIGNATURE Paul Chen H. D. M. D. or other

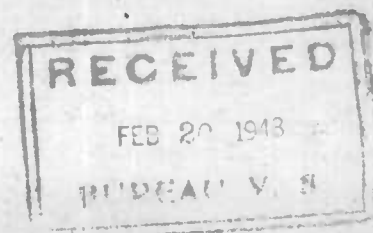
Address Snow Hill Date signed 2/17/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 02166 355

1. PLACE OF DEATH:

County Worcester
City or town Berlin
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 80 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State md County Worcester
City or town Berlin
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war.

3. (a) FULL NAME

Clara Esther Dirichson

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1850 6.(c) If alive, give age _____ years

8. AGE: Years 97 Months 5 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Berlin W. Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Levin E. Dirichson

13. Birthplace Md.

14. Maiden name Ethelbert Forman

15. Birthplace Md.

16. Informant Mrs. Harriet France

Address Berlin Md

17. Burial Date thereof 2/27/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Pauls Churchyard

Location Berlin Md

18. Funeral director Anna A. Burbon

Address Berlin Md

19. 2-27 48 Helen F. Hayward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 25 Feb 19 48 at 9:45 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19 47 to 25 Feb 19 48
and that I last saw him alive on 25 Feb 19 48

Immediate cause of death Paralytic Steno

DURATION

Due to Acute mesenteric
Thrombosis

5 hrs.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Stewart R. Roberts M. D. or other

Address Box 10, Berlin Md Date signed 26 Feb 48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 1 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02167
350
Reg. Dist. No.

1. PLACE OF DEATH:

County Worcester
City or town Rural Pocomoke
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 months
Hospital, institution, or street address where death occurred:

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Georgia County Buck
City or town Waynesboro Ga
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Robert Grimes

3. (b) Social Security Number

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widowed
6.(b) Name of husband or wife Recharl Grimes
6.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) D. H.
8. AGE: Years 64 Months _____ Days _____ If less than one day _____ hrs. _____ min.
9. Birthplace Waynesboro, Buck Co. Ga.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business D. H.
12. Name D. H.
13. Birthplace D. H.
14. Maiden name _____
15. Birthplace _____

16. Informant Adeline Amwood
Address Rural Pocomoke Md
Burial Date thereof Feb. 8, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Unionville Cemetery
Location Rural Pocomoke Md
18. Funeral director Sherry A. Sedatman
Address Pocomoke Md
19. Feb. 6, 1948 Anne E. White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 1, 1948 at 10 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____ to _____ 19____
and that I last saw him/her alive on _____ 19____
Immediate cause of death Cardiac failure DURATION _____
Due to Chronic heart disease D. H.
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings of operations _____ Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____
23. SIGNATURE P. J. Edwards, M.D.
Address Pocomoke City Md Date signed 5/3/48

MARGIN RESERVED FOR BINDING

VS A16 9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02168

Reg. Diat. No. 351

1. PLACE OF DEATH

County Worcester
 City or town Newark
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 years
 Hospital, institution, or street address where death occurred

How long in hospital or institution?

3. (a) FULL NAME

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Virginia M. Hickman

7. Birth date of deceased (mo., day, yr.) June 25 - 1898 6. (c) If alive, give age 41 years

8. AGE: 49 Years 7 Months 6 Days 1 It less than one day hrs. min.

9. Birthplace Shaw Hill, Worcester, Md
 (Town, county, and state)

10. Usual occupation Farmer11. Industry or business Howard Hickman12. Name Howard Hickman13. Birthplace Maryland14. Maiden name Elba Johnson15. Birthplace Maryland16. Informant Mr. Virginia M. HickmanAddress Newark, Md17. Date thereof Feb 7/48Cemetery or crematory ShrineLocation Newark, Md18. Funeral director Walter C. SmithAddress Shaw Hill, Md19. 366 48 Re Day Smith

(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Worcester
 City or town Newark
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 70
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (b) Social Security Number

214-10-6056

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4 19 48 at 4:30 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 24 19 48 to 2-4-48 19and that I last saw him alive on 2-4-48 19Immediate cause of death Cerebral Hemorrhage DURATIONDue to Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Clifford E. DeWitt M. D. or otherAddress Shaw Hill, Md Date signed

RECEIVED
FEB 9 1948
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester
 City or town Rural Pocomoke
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester
 City or town Rural Pocomoke
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Thomas S. Hope

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Minnie B. Hope6. (c) If alive, give age 57 years7. Birth date of deceased (mo., day, yr) February 2, 18818. AGE: Years 67 Months 0 Days 19 If less than one day _____ hrs. _____ min.9. Birthplace Parkersburg, West Virginia
(Town, county, and state)10. Usual occupation Harmoning11. Industry or business William H. Hope12. Name William H. Hope13. Birthplace Virginia14. Maiden name Margaret A. Mason15. Birthplace Virginia16. Informant Ms Minnie B. HopeAddress Rural Pocomoke Md.17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof February 24, 1948
(month) (day) (year)Cemetery or crematory Nelson CemeteryLocation Rural Pocomoke Md.18. Funeral director Henry H. WatsonAddress Pocomoke Md.19. Feb 26 1948 Anne E. White
(Date rec'd by registrar) over Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 21, 1948 at 8 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1945 to Feb 21, 1948 and that I last saw him alive on Feb 21, 1948Immediate cause of death Myocardial Degeneration

DURATION

Due to arteriosclerosisOther conditions _____
(Include pregnancy within 3 months of death)Major findings of operations _____
Date of op. _____Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury _____ Injured at work? _____

23. SIGNATURE [Signature] M. D. or other _____
Address [Signature] Date signed Feb 24, 1948



According to Funeral Director, Dr. Crutcher was so busy
he overlooked mailing the certificate.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 02170 131a 351

1. PLACE OF DEATH:

County Worcester
City or town Berlin Md R.F.D.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md County Worcester
City or town Berlin Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Jerome Washington Johnson

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Hattie M. Johnson 8. (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) May 9, 1868

8. AGE: Years 79 Months 9 Days 7 If less than one day hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name James H. Johnson

13. Birthplace Md

14. Maiden name Mary Elizabeth Stueck

15. Birthplace Md

16. Informant Mrs. Raymond Smith

Address Berlin Md R.F.D.

17. Buried Date thereof 2/19/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Evergreen

Location Berlin Md

18. Funeral director Amos R. Barber

Address Berlin Md

19. 2/18 19 48 Ray Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 16 19 48 at 2:30 P M

21. I CERTIFY that death occurred on the day above stated; that I attended deceased from June 15 19 47, to Feb. 16 19 48
and that I last saw him alive on Feb. 12 19 48

Immediate cause of death Acute Pulmonary Edema DURATION 1 day
Hypertensive Cardiovascular
Due to Renal disease 5 yrs

Due to
Other conditions One sarcoma
Blind - Both eyes
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

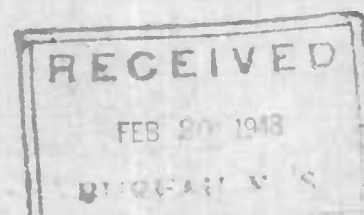
Means of injury Injured at work?

23. SIGNATURE Robert L. La Mar, M.D. M. D. or other
Address Berlin Md Date signed 2/18/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In case of error, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 350

1. PLACE OF DEATH:

County Worcester
 City or town Rural Pocomoke Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 17 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Worcester
 City or town Rural Pocomoke
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Major J. Jones

3. (b) Social Security Number

4. Sex Male5. Color or race white6.(a) Single, married, widowed, or divorced widowed6.(b) Name of husband or wife Mary E. Jones

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) April 9, 18568. AGE: Years 91 Months 9 Days 25 If less than one day _____ hrs. _____ min.9. Birthplace Pocomoke, Worcester, Md.
(Town, county, and state)10. Usual occupation Farming

11. Industry or business

12. Name Major Wilson Jones13. Birthplace Md.14. Maiden name Elizabeth A. Powell15. Birthplace Md.16. Informant Mrs. Major D. HudsonAddress Rural Pocomoke Md17. Burial Burial Date thereof February 6, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory M. P. CemeteryLocation Shenandoahville Va.18. Funeral director Henry H. H. H.Address Pocomoke Md19. Feb 6, 1948 Anne E. White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1948 at 9:45 M21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 20 1948 to Feb 4 1948 and that I last saw him alive on Feb 3 1948Immediate cause of death myocardial degeneration DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE [Signature] M. D. or otherAddress [Signature] Date signed 2-5-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02172

Reg. Diat. No. 350

1. PLACE OF DEATH:

County Worcester
 City or town Pocomoke
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)
 State Maryland County Worcester
 City or town Pocomoke City
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Laurel Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

William D. Keim Jr.

3. (b) Social Security Number

212-10-2287

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Mary Hayes Keim
 6. (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) June 12-1909

8. AGE: Years 38 Months 8 Days 0 If less than one day _____ hrs. _____ min.

9. Birthplace Pocomoke Worcester Md
 (Town, county, and state)

10. Usual occupation Hardware Business

11. Industry or business _____

12. Name William D Keim Sr

13. Birthplace Asbury Park N.J.

14. Maiden name Lavonia Vaughn

15. Birthplace North Carolina

16. Informant Mrs Mary Hayes Keim

Address Pocomoke City Md

17. Burial Date thereof February 15-1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Presbyterian Cemetery

Location Pocomoke City Md

18. Funeral director Glenns Station

Address Pocomoke Md

19. Feb 14 48 Anne E White
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 February 1948 at 4:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 AM 12 February 1948 to 2:30 AM 12 Feb 1948 and that I last saw him alive on 12 February 1948

Immediate cause of death CORONARY THROMBOSIS DURATION _____

Due to _____

Due to _____

Other conditions Obesity, moderate

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

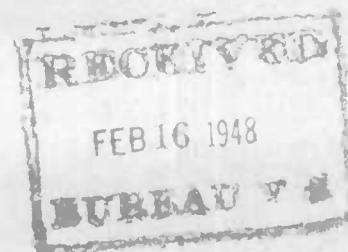
Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Norman E. Sartorius Jr. D. or other _____

Address Pocomoke Md Date signed 15 Feb 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH

County WorcesterCity or town Rural Worcester
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County WorcesterCity or town Rural Worcester City MD
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Harriet A Merrill

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Thomas B Merrill7. Birth date of deceased (mo., day, yr.) 10/21/18628. AGE: Years 85 Months 2 Days 13 If less than one day _____ hrs. _____ min.9. Birthplace Pocomoke Worcester Co MD
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business _____

12. Name Elizabeth T Miles13. Birthplace Maryland14. Maiden name Elizabeth Henderson15. Birthplace MD16. Informant Mrs. C R HowardAddress Pocomoke City MD17. Buried Date thereof 3/6/48
(Burial, cremation, or removal, Which?) (Month) (day) (year)Cemetery or crematory Salmon M CemeteryLocation Near Pocomoke City MD18. Funeral director Henry H WilsonAddress Pocomoke City MD19. Feb. 6 1948 Anne E White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4th 1948, at 89 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 4 1947 to 7/1 1948

and that I last saw him/her alive on _____ 19____

Immediate cause of death Cerebral occlusion DURATION stroke

Due to _____

Due to _____

Other conditions 1 hypertension AK

(Include pregnancy within 8 months of death)

Major findings of operation _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J E Easton M. D. or other _____Address Pocomoke City MD Date signed 2/5/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester
 City or town Pocomoke City
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Worcester
 City or town Pocomoke Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION) _____
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Frank L. Putter

3. (b) Social Security Number

218-05-8530

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Essa Putter

7. Birth date of deceased (mo., day, yr.) February 17, 1881 6.(c) If alive, give age 55 years

8. AGE: Years 67 Months 0 Days 12 If less than one day _____ hrs. _____ min.

9. Birthplace Rural, Pocomoke, Worcester Md.
 (Town, county, and state)

10. Usual occupation Wagon Canney labor

11. Industry or business _____

12. Name Frank L. Putter

13. Birthplace Md.

14. Maiden name Mary Frances Ritchie

15. Birthplace Md.

16. Informant Mrs. Emma Phillips

Address Pocomoke Md.

17. Burial Date thereof March 2, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Baptist Cemetery

Location Pocomoke Md.

18. Funeral director Henry S. Sledston

Address Pocomoke Md.

19. March 2, 1948 Anne E. White
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 29, 1948 at 6:25 PM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 15, 1948 to Feb. 29, 1948
 and that I last saw him alive on Feb. 28, 1948

Immediate cause of death Cerebral hemorrhage DURATION 2 wks

Due to Hypertension and
Vascular Disease 4 yrs

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations None Date of op. _____

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Louis J. Fluehman M.D. M. D. or other _____

Address Pocomoke City, Md. Date signed 3-1-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 5 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County WorcesterCity or town Ocean City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

50 years.

How long in hospital or institution?

3. (a) FULL NAME

Lillie D. Powell.

3. (b) Social Security Number

4. Sex

Female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Charles S. Powell6. (c) If alive, give age 78 years

7. Birth date of

deceased (mo., day, yr.)

March 12, 1872

8. AGE:

Years

75

Months

10

Days

27

If less than one day

hrs.

min.

9. Birthplace

Berlin, Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

Miss Wyatt

13. Birthplace

Md.

MOTHER

14. Maiden name

Emma Powell

15. Birthplace

Md.

16. Informant

Mr. Charles S. Powell

Address

Ocean City, Md.

17. Burial, cremation, or removal. Which?

Burial

Date thereof

2/2/48
(month) (day) (year)

Cemetery or crematory

Evergreen

Location

Berlin, Md.

18. Funeral director

Byrne & Burbo

Address

Berlin, Md.19. 2-12-

(Date rec'd by registrar)

19

48Helen F. Hayward

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Worcester

City or town

Ocean City
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 9 1948, at 4:05 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 9 1948, to Feb 9 1948and that I last saw her alive on Feb 9 1948

Immediate cause of death

Cerebral embolism
Pulmonary embolism

Due to

Cerebral occlusion

Due to

Diabetes Mellitus

Other conditions

no op.

Major findings of operations

no op.

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Nathaniel F. Thomas M.D.

M. D. or other

Address

Ocean City, Md.

Date signed

12-28-48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **355**

1. PLACE OF DEATH:

County **Worcester**

City or town **Berlin**
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **12 years**

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **md** County **Worcester**

City or town **Berlin**
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

William Joseph Torpey Jr.

3. (b) Social Security Number

4. Sex **male** 5. Color or race **white** 6. (a) Single, married, widowed, or divorced **married**

6. (b) Name of husband or wife **Nellie D. Torpey**

7. Birth date of deceased (mo., day, yr.) **6-26-'85** 6. (c) If alive, give age _____ years

8. AGE: Years **62** Months **6** Days **26** It less than one day _____ hrs. _____ min.

9. Birthplace **Philadelphia Pa.**
(Town, county, and state)

10. Usual occupation **Confectioner**

11. Industry or business

12. Name **Joseph Torpey**

13. Birthplace **Ireland**

14. Maiden name **Mathewine O'Haulon**

15. Birthplace **Ireland**

16. Informant **Mrs. Nellie Torpey**

Address **Berlin md.**

17. **Funeral** Date thereof **3/4/48**
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Holy Sepulchre**

Location **Easton Pk. City Line, Montgomery Co. Pa.**

19. Funeral director **Anna A. Burbois**

Address **Berlin md.**

19. **3-9-** 19 **48** Helen S. Hayward

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **29th Feb** 19 **48**, at **7:50 a.m.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 15 19 **47**, to **Feb 29** 19 **48**

and that I last saw him alive on **29th Feb** 19 **48**

Immediate cause of death **Hypertalic**

Pneumonia

Due to **Pseudo bulbar paralysis**

see arteriosclerosis cerebri

Due to

Other conditions **Cerebral insufficiency**

Arteriosclerosis - cerebral infarct.

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature **Heenanle Rappas Jr.**

M. D. or other

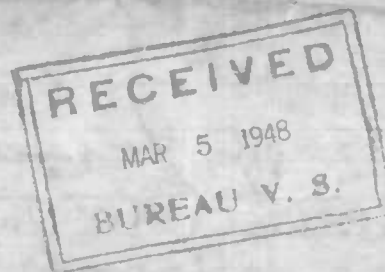
Address **5 Bay to Berlin md**

Date signed **2 March**

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:

County WorcesterCity or town Pocomoke City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County WorcesterCity or town Pocomoke City, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) if veteran, name war _____

3. (a) FULL NAME

Ira Elie Franklin Tull

3. (b) Social Security Number

212-18-6584

4. Sex

M.

5. Color or race

C.

6. (a) Single, married, widowed, or divorced

Single Married

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

40 Years7 Months6 Days

if less than one day

hrs. _____ min.

9. Birthplace

Stockton Md.

(Town, county, and state)

10. Usual occupation

Butcher

11. Industry or business

MOTHER FATHER

12. Name

Adolphus Tull

13. Birthplace

Pocomoke City, Md.

14. Maiden name

Drucilla Spencer

15. Birthplace

Snowhill, Md.

16. Informant

Mattie Tull

Address

Rt. 2 Box 67 Pocomoke City, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereat

Feb 22 1948
(month) (day) (year)

Cemetery or crematory

Hall's Hill

Location

Pocomoke City, Md.

18. Funeral director

Charles H. Ward

Address

Marion St., Md.

19.

(Date rec'd by registrar)

Feb 20 48Anne E. White

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb. 18 1948 at 5⁰⁰ P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1946 to Feb. 18 1948and that I last saw him alive on Feb. 17 1948

Immediate cause of death

Carcinoma of Rectum + Gluteal Muscles

DURATION

3 yrs.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations

None.

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

Louis J. Clewelyn, MD

M.D. or other

Address

Pocomoke CityDate signed 2-18-48

MARGIN RESERVED FOR BINDING.

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 21 1948

BUREAU V. S.